



October 1, 2015

Dear Colleague:

NCQA is pleased to present the HEDIS<sup>®1</sup> 2016 *Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for Volume 2, with the exception of the Risk Adjusted Utilization and Relative Resource Use (RRU) measures and measures that require pharmacy data—these will be final when the Standard Pricing Tables (SPT), risk-adjustment tables and National Drug Code (NDC) lists are posted on November 2, 2015.

This memo contains the following information:

- Random Number (RAND) table for HEDIS 2016.
- Corrections, policy changes and clarifications to HEDIS 2016 *Volume 2: Technical Specifications*.

*This memo does not contain changes to medications.* Refer to the *NDC List Technical Update* document posted with the NDC lists in November for all medication changes.

*This memo does not contain coding changes.* Organizations must go to the NCQA Download Center (<https://downloads.ncqa.org/customer/Login.aspx>) and download the October 1 version of the Value Set Directory (VSD) which will contain all coding changes. Refer to the summary of changes spreadsheets in the VSD to identify codes and value sets that were added, deleted or revised.

Review all items in the table and attachments below, and incorporate them into your implementation processes. HEDIS Compliance Auditors will consider these documents to be part of the specifications. If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) system at <http://my.ncqa.org>. We wish everyone a successful HEDIS data collection season!

Sincerely,

A handwritten signature in black ink that reads "Cindy Ottone".

Cindy Ottone, MHA  
Director, Policy

Enclosure

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<sup>1</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

**RAND Table for Measures Using the Hybrid Method**

Measure	RAND
Adult BMI Assessment	.49
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.77
Childhood Immunization Status	.20*
Immunizations for Adolescents	.19
Human Papillomavirus Vaccine for Female Adolescents	.90
Lead Screening in Children	.87*
Cervical Cancer Screening	.25
Colorectal Cancer Screening	.71
Care for Older Adults	.32
Controlling High Blood Pressure	.96
Comprehensive Diabetes Care	.26
Medication Reconciliation Post-Discharge	.02
Prenatal and Postpartum Care <i>and</i> Frequency of Ongoing Prenatal Care	.12**
Well-Child Visits in the First 15 Months of Life (Medicaid only)	.64
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Medicaid only)	.25
Adolescent Well-Care Visits (Medicaid only)	.18
Weeks of Pregnancy at Time of Enrollment	.87

\* If using different samples for *Childhood Immunization Status* and *Lead Screening in Children*, use different RANDs. If using the *Childhood Immunization Status* sample for both measures, use the *Childhood Immunization Status* RAND.

\*\* The RANDs for *Prenatal and Postpartum Care* and *Frequency of Ongoing Prenatal Care* measures are the same. These measures are collected using the same denominator.

## Specification Updates

This document contains corrections, policy changes and clarifications to HEDIS 2016 *Volume 2, Technical Specifications*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update				
3	What's New in Volume 2?	First-year measure evaluation	<p>Replace the text in this section with the following text: The following HEDIS 2015 <i>first-year measures</i> will be publicly reported for HEDIS 2016.</p> <ul style="list-style-type: none"> <li>• <i>Non-Recommended PSA-Based Screening in Older Men.</i></li> <li>• <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Medicaid data only.</i></li> <li>• <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics.</i></li> <li>• <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.</i></li> </ul> <p><b>Note</b></p> <ul style="list-style-type: none"> <li>• <i>Due to the expansion of the Medication Reconciliation Post-Discharge (MRP) measure to the entire Medicare product line, NCQA will not publicly report this measure for HEDIS 2016.</i></li> <li>• <i>Due to the addition of the Medicare product line to the Medication Management for People With Asthma (MMA) and Asthma Medication Ratio (AMR) measures, these measures will not be publicly reported for the Medicare product line for HEDIS 2016. The commercial and Medicaid product lines for MMA and AMR will continue to be publicly reported for HEDIS 2016.</i></li> </ul>				
16	General Guideline 9	Audit Preparation	<p>Replace the June 8 task in the HEDIS Audit Timeline with the following text:</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">Organization completes all corrective actions and follow-up requests and submits the plan-locked commercial, Medicaid and Medicare submissions and patient-level data files to auditor.</td> <td style="text-align: center; width: 150px;">June 8</td> </tr> </table> <p>Replace the second-to-last task in the HEDIS Audit Timeline with the following text:</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">Organization submits patient-level data for Medicare products to the designated CMS contractor.</td> <td style="text-align: center; width: 150px;">June 15</td> </tr> </table>	Organization completes all corrective actions and follow-up requests and submits the plan-locked commercial, Medicaid and Medicare submissions and patient-level data files to auditor.	June 8	Organization submits patient-level data for Medicare products to the designated CMS contractor.	June 15
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17	General Guideline 10	Reporting—Material bias	Replace the reference to " <i>Appendix 10: Bias Determination</i> " with " <i>Appendix 9: Bias Determination.</i> "				
24-25	General Guideline 34	Supplemental Data	<p>Add the following bullet to the "Supplemental data may not be used for:" section:</p> <ul style="list-style-type: none"> <li>• Risk adjustment. Organizations may not use supplemental data sources when applying the risk adjustment methodology to the Risk Adjusted Utilization (i.e., PCR, IHU, EDU and HPC) and Relative Resource Use measures.</li> </ul>				
57	Adult BMI Assessment	Administrative Specification—Numerator	Replace all references to "21 years" with "20 years."				
57	Adult BMI Assessment	Hybrid Specification—Medical Record	Replace all references to "21 years" with "20 years."				

Page	Measure/Guideline	Head/Subtitle	Update								
78	Breast Cancer Screening	Exclusion (optional)	<p>Delete the fourth, fifth and seventh bullets and add the following:</p> <ul style="list-style-type: none"> <li>Any combination of codes that indicate a mastectomy on <b>both</b> the left <b>and</b> right side on the same or different dates of service.</li> </ul> <table border="1"> <thead> <tr> <th>Left Mastectomy (any of the following)</th> <th>Right Mastectomy (any of the following)</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) <b>with</b> a left-side modifier (<u>Left Modifier Value Set</u>) (same date of service)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) <b>with</b> a right-side modifier (<u>Right Modifier Value Set</u>) (same date of service)</li> </ul> </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Absence of the left breast (<u>Absence of Left Breast Value Set</u>)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Absence of the right breast (<u>Absence of Right Breast Value Set</u>)</li> </ul> </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Left unilateral mastectomy (<u>Unilateral Mastectomy Left Value Set</u>)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Right unilateral mastectomy (<u>Unilateral Mastectomy Right Value Set</u>)</li> </ul> </td> </tr> </tbody> </table>	Left Mastectomy (any of the following)	Right Mastectomy (any of the following)	<ul style="list-style-type: none"> <li>Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) <b>with</b> a left-side modifier (<u>Left Modifier Value Set</u>) (same date of service)</li> </ul>	<ul style="list-style-type: none"> <li>Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) <b>with</b> a right-side modifier (<u>Right Modifier Value Set</u>) (same date of service)</li> </ul>	<ul style="list-style-type: none"> <li>Absence of the left breast (<u>Absence of Left Breast Value Set</u>)</li> </ul>	<ul style="list-style-type: none"> <li>Absence of the right breast (<u>Absence of Right Breast Value Set</u>)</li> </ul>	<ul style="list-style-type: none"> <li>Left unilateral mastectomy (<u>Unilateral Mastectomy Left Value Set</u>)</li> </ul>	<ul style="list-style-type: none"> <li>Right unilateral mastectomy (<u>Unilateral Mastectomy Right Value Set</u>)</li> </ul>
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96	Appropriate Testing for Children With Pharyngitis	Description	Replace "2–18 years of age" with "3–18 years of age."								
97	Appropriate Testing for Children With Pharyngitis	Ages	Replace "2 years" with "3 years."								
100	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Definitions—Negative Diagnosis History	<p>Replace the definition with the following text:</p> <p>The 730 days (2 years) prior to the IESD, when the member had no claims/encounters containing any diagnosis of COPD.</p> <p><i>For an acute inpatient IESD, use the IESD date of admission to determine the 730 days prior to the IESD.</i></p>								
101	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Event/diagnosis—Step 2	<p>Replace the first paragraph with the following text:</p> <p>Test for Negative Diagnosis History. Exclude members who had any of the following during the 730 days prior to the IESD:</p>								
101	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Event/diagnosis—Step 2	<p>Replace the last paragraph with the following text:</p> <p><i>For an acute inpatient IESD, use the IESD date of admission to determine the 730 days prior to the IESD.</i></p>								
106	Medication Management for People With Asthma	Definitions—Oral medication dispensing event	<p>Delete the last paragraph, which reads:</p> <p>Refer to the <i>Oral medication dispensing event</i> definition in ASM for examples.</p>								

Page	Measure/Guideline	Head/Subtitle	Update
106	Medication Management for People With Asthma	Definitions—Oral medication dispensing event	<p>Add the following bullets under the second paragraph:</p> <ul style="list-style-type: none"> <li>• Two prescriptions for different medications dispensed on the same day, each with a 60-day supply, equals four dispensing events (two prescriptions with two dispensing events each).</li> <li>• Two prescriptions for different medications dispensed on the same day, each with a 15-day supply, equals two dispensing events (two prescriptions with one dispensing event each).</li> <li>• Two prescriptions for the same medication dispensed on the same day, each with a 15-day supply, equals one dispensing event (sum the days supply for a total of 30 days).</li> <li>• Two prescriptions for the same medication dispensed on the same day, each with a 60-day supply, equals four dispensing events (sum the days supply for a total of 120 days).</li> </ul>
111	Asthma Medication Ratio	Definitions—Oral medication dispensing event	<p>Delete the last paragraph, which reads: Refer to the <i>Oral medication dispensing event</i> definition in ASM for examples.</p>
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120	Controlling High Blood Pressure	Exclusions ( <i>optional</i> )	<p>Replace step 3 in the third bullet with the following text:</p> <ul style="list-style-type: none"> <li>• 3. Identify the admission date for the stay.</li> </ul>
122	Persistence of Beta-Blocker Treatment After a Heart Attack	Event/diagnosis	<p>Add the following text as a new paragraph after “3. Identify the discharge date for the stay”: Use only facility claims to identify discharges and diagnoses for denominator events (including readmissions or direct transfers). Do not use professional claims.</p>
126	Statin Therapy for Patients With Cardiovascular Disease	Event/Diagnosis—Step 1	<p>Replace the bullet on CABG (including the instructions to identify discharges) with the following text:</p> <ul style="list-style-type: none"> <li>• CABG. Members who had CABG (<u>CABG Value Set</u>) in any setting.</li> </ul>
134	Comprehensive Diabetes Care	Required exclusions for HbA1c Control <7% for a Selected Population indicator	<p>Replace the bullet on CABG (including the instructions to identify discharges) with the following text:</p> <ul style="list-style-type: none"> <li>• CABG. Members who had CABG (<u>CABG Value Set</u>) in any setting during the measurement year or the year prior to the measurement year.</li> </ul>
135	Comprehensive Diabetes Care	HbA1c Control <8%	<p>Add the following sentence to the asterisked note below the Value Set table.</p> <ul style="list-style-type: none"> <li>• The date of service for the Category II code and the test result must follow the requirements outlined in <i>General Guideline 36</i> (i.e., the dates of service for the code and the test result must be no more than seven days apart).</li> </ul>
147	Statin Therapy for Patients With Diabetes	Allowable gap	<p>Replace the first sentence with the following text:</p> <ul style="list-style-type: none"> <li>• No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update				
147	Statin Therapy for Patients With Diabetes	Event/diagnosis—Step 2: Required exclusions	Replace the bullet on CABG (including the instructions to identify discharges) with the following text: <ul style="list-style-type: none"> <li>• CABG. Members who had CABG (<u>CABG Value Set</u>) in any setting.</li> </ul>				
169	Follow-Up After Hospitalization for Mental Illness	Event/diagnosis	Add the following text as a new paragraph after “3. Identify the discharge date for the stay”: Use only facility claims to identify discharges and diagnoses for denominator events (including readmissions or direct transfers). Do not use professional claims.				
180	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Event/diagnosis—Step 2	Replace the bullet on CABG (including the instructions to identify discharges) with the following text: <ul style="list-style-type: none"> <li>• CABG. Members who had CABG (<u>CABG Value Set</u>) in any setting.</li> </ul>				
184	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Eligible Population—Step 2: Required exclusions	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>• <i>Did not</i> have at least two antipsychotic medication dispensing events. There are two ways to identify dispensing events: by claim/encounter data and by pharmacy data. The organization must use both methods to identify dispensing events, but an event need only be identified by one method to be counted.                             <ul style="list-style-type: none"> <li>– <i>Claim/encounter data.</i> An antipsychotic medication (<u>Long-Acting Injections 14 Days Supply Value Set</u> or <u>Long-Acting Injections 28 Days Supply Value Set</u>).</li> <li>– <i>Pharmacy data.</i> Dispensed an antipsychotic medication (Table SAA-A) on an ambulatory basis.</li> </ul> </li> </ul>				
200	Non-Recommended PSA-Based Screening in Older Men	Required exclusions	Add the following as the fourth bullet: <ul style="list-style-type: none"> <li>• Dispensed prescription for 5-alpha reductase inhibitor (5-ARI) during the measurement year (Table PSA-A).</li> </ul>				
200	Non-Recommended PSA-Based Screening in Older Men	Required exclusions	Add the following as a new table at the end of the section: <p><b>Table PSA-A: 5-ARIs</b></p> <table border="1"> <thead> <tr> <th>Description</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>5-alpha reductase inhibitors</td> <td> <ul style="list-style-type: none"> <li>• Finasteride</li> <li>• Dutasteride</li> </ul> </td> </tr> </tbody> </table>	Description	Prescription	5-alpha reductase inhibitors	<ul style="list-style-type: none"> <li>• Finasteride</li> <li>• Dutasteride</li> </ul>
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5-alpha reductase inhibitors	<ul style="list-style-type: none"> <li>• Finasteride</li> <li>• Dutasteride</li> </ul>						
271	Guidelines for Utilization and Risk Adjusted Utilization Measures	Guideline 6—Which Services Count	Replace the last paragraph with the following text: Include all services, whether or not the organization paid for them or expects to pay for them (i.e., include denied claims) when applying risk adjustment in the Risk Adjusted Utilization measures (i.e., PCR, IHU, EDU and HPC). Do not include denied services (i.e., only include paid services and services expected to be paid) when identifying all other events (e.g., the IHS in the PCR measure or observed events in the other risk adjusted utilization measures).				

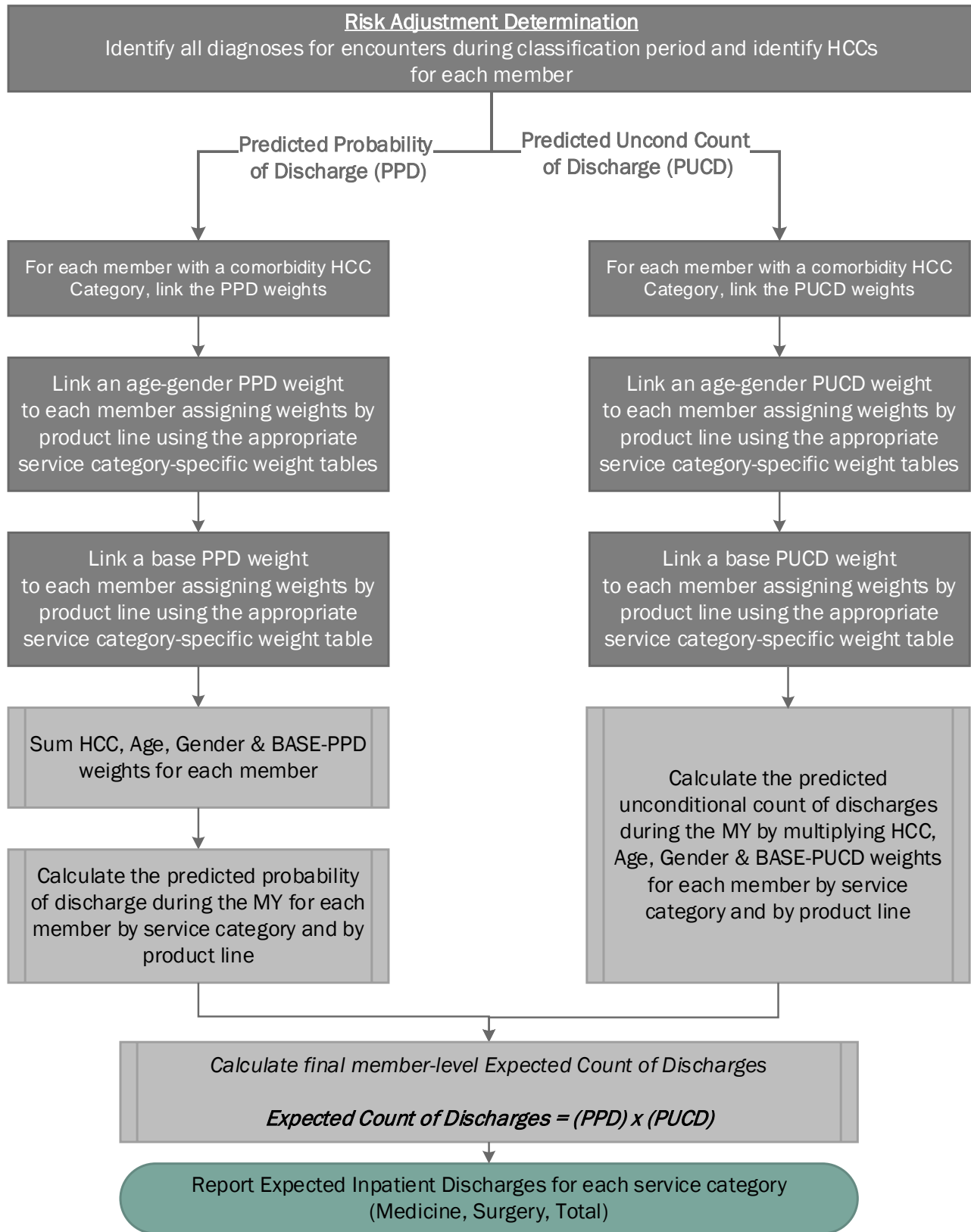
Page	Measure/Guideline	Head/Subtitle	Update																							
330-331	Plan All-Cause Readmissions	Step 4—Example	<p>Replace the Example text and table with the following text:</p> <p><b>Example</b> Assume a stay with the following comorbid CCs: CC-85, CC-17 and CC-19 (assume no other CCs).</p> <ul style="list-style-type: none"> <li>• CC-85 does not have a map to the ranking table and becomes HCC-85.</li> <li>• HCC-17 and HCC-19 are part of Diabetes Ranking Group 1. Because CC-17 is ranked higher than CC-19 in Ranking Group Diabetes 1, the comorbidity is assigned as HCC-17 for Ranking Group 1.</li> <li>• The final comorbidities for this discharge are HCC-17 and HCC-85.</li> </ul> <p><b>Example: Table HCC—Rank</b></p> <table border="1"> <thead> <tr> <th>Ranking Group</th> <th>CC</th> <th>Description</th> <th>Rank</th> <th>HCC</th> </tr> </thead> <tbody> <tr> <td>NA</td> <td>CC-85</td> <td>Congestive Heart Failure</td> <td>NA</td> <td>HCC-85</td> </tr> <tr> <td rowspan="3">Diabetes 1</td> <td>CC-17</td> <td>Diabetes with Acute Complications</td> <td>1</td> <td>HCC-17</td> </tr> <tr> <td>CC-18</td> <td>Diabetes with Chronic Complications</td> <td>2</td> <td>HCC-18</td> </tr> <tr> <td>CC-19</td> <td>Diabetes without Complication</td> <td>3</td> <td>HCC-19</td> </tr> </tbody> </table>	Ranking Group	CC	Description	Rank	HCC	NA	CC-85	Congestive Heart Failure	NA	HCC-85	Diabetes 1	CC-17	Diabetes with Acute Complications	1	HCC-17	CC-18	Diabetes with Chronic Complications	2	HCC-18	CC-19	Diabetes without Complication	3	HCC-19
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331-332	Plan All-Cause Readmissions	Step 5—Example	<p>Replace the Example text and table with the following text:</p> <p><b>Example</b> For a stay with comorbidities HCC-17 and HCC-85 (assume no other HCCs), assign HCC-901 in addition to HCC-17 and HCC-85. This <i>does not</i> replace HCC-17 or HCC-85.</p> <p><b>Example: Table HCC—Combo</b></p> <table border="1"> <thead> <tr> <th colspan="4">Combination: Diabetes and CHF</th> </tr> <tr> <th>Comorbid HCC</th> <th>Comorbid HCC</th> <th>Comorbid HCC</th> <th>Combination HCC</th> </tr> </thead> <tbody> <tr> <td>HCC-17</td> <td>HCC-85</td> <td>NA</td> <td>HCC-901</td> </tr> <tr> <td>HCC-18</td> <td>HCC-85</td> <td>NA</td> <td>HCC-901</td> </tr> <tr> <td>HCC-19</td> <td>HCC-85</td> <td>NA</td> <td>HCC-901</td> </tr> </tbody> </table>	Combination: Diabetes and CHF				Comorbid HCC	Comorbid HCC	Comorbid HCC	Combination HCC	HCC-17	HCC-85	NA	HCC-901	HCC-18	HCC-85	NA	HCC-901	HCC-19	HCC-85	NA	HCC-901			
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338	Inpatient Hospital Utilization	Risk Adjustment Determination	<p>Replace step 1 with the following text:</p> <p>Identify all diagnoses for encounters during the classification period. Include the following when identifying encounters:</p> <ul style="list-style-type: none"> <li>• Outpatient visits (<u>Outpatient Value Set</u>).</li> <li>• Observation visits (<u>Observation Value Set</u>).</li> <li>• Nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>).</li> <li>• Acute inpatient encounters (<u>Acute Inpatient Value Set</u>).</li> <li>• ED visits (<u>ED Value Set</u>).</li> </ul>																							

Page	Measure/Guideline	Head/Subtitle	Update		
341	Inpatient Hospital Utilization	Risk Adjustment Weighting and Calculation of Expected Events	<p>Replace step 4 in the instructions for assigning the <b>Predicted Unconditional Count of Discharge (PUCD)</b> risk weights with the following text:</p> <table border="1"> <tr> <td><b>Step 4</b></td> <td> <p>Calculate the predicted unconditional count of discharges in the measurement year, by multiplying all PUCD weights (i.e., HCC, age, gender and base weight) associated with the member for each category (Surgery, Medicine, Total) together. Use the following formula:</p> <p>PUCD = Base Weight * Age/gender Weight * HCC Weight</p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><i>PUCD = Base Weight * Age/gender Weight * HCC-2 * HCC-10 * HCC-47</i></p> </td> </tr> </table>	<b>Step 4</b>	<p>Calculate the predicted unconditional count of discharges in the measurement year, by multiplying all PUCD weights (i.e., HCC, age, gender and base weight) associated with the member for each category (Surgery, Medicine, Total) together. Use the following formula:</p> <p>PUCD = Base Weight * Age/gender Weight * HCC Weight</p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><i>PUCD = Base Weight * Age/gender Weight * HCC-2 * HCC-10 * HCC-47</i></p>
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341	Inpatient Hospital Utilization	Risk Adjustment Weighting and Calculation of Expected Events	Remove step 5 in the instructions for assigning the <b>Predicted Unconditional Count of Discharge (PUCD)</b> risk weights.		
342	Inpatient Hospital Utilization	Risk Adjustment Weighting Process diagram	Replace the diagram with the diagram in Attachment A.		
350	Emergency Department Utilization	Risk Adjustment Weighting and Calculation of Expected Events	<p>Replace step 4 in the instructions for assigning the <b>Predicted Unconditional Count of Visits (PUCV)</b> risk weights with the following text:</p> <table border="1"> <tr> <td><b>Step 4</b></td> <td> <p>Calculate the predicted unconditional count of ED visits in the measurement year, by multiplying all PUCV weights (i.e., HCC, age, gender and base weight) for each member together. Use the following formula:</p> <p>PUCV = Base Weight * Age/gender Weight * HCC Weight</p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><i>PUCV = Base Weight * Age/gender Weight * HCC-2 * HCC-10 * HCC-47</i></p> </td> </tr> </table>	<b>Step 4</b>	<p>Calculate the predicted unconditional count of ED visits in the measurement year, by multiplying all PUCV weights (i.e., HCC, age, gender and base weight) for each member together. Use the following formula:</p> <p>PUCV = Base Weight * Age/gender Weight * HCC Weight</p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><i>PUCV = Base Weight * Age/gender Weight * HCC-2 * HCC-10 * HCC-47</i></p>
<b>Step 4</b>	<p>Calculate the predicted unconditional count of ED visits in the measurement year, by multiplying all PUCV weights (i.e., HCC, age, gender and base weight) for each member together. Use the following formula:</p> <p>PUCV = Base Weight * Age/gender Weight * HCC Weight</p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><i>PUCV = Base Weight * Age/gender Weight * HCC-2 * HCC-10 * HCC-47</i></p>				
350	Emergency Department Utilization	Risk Adjustment Weighting and Calculation of Expected Events	Remove step 5 in the instructions for assigning the <b>Predicted Unconditional Count of Visits (PUCV)</b> risk weights.		
351	Emergency Department Utilization	Risk Adjustment Weighting Process diagram	Replace the diagram with the diagram in Attachment B.		

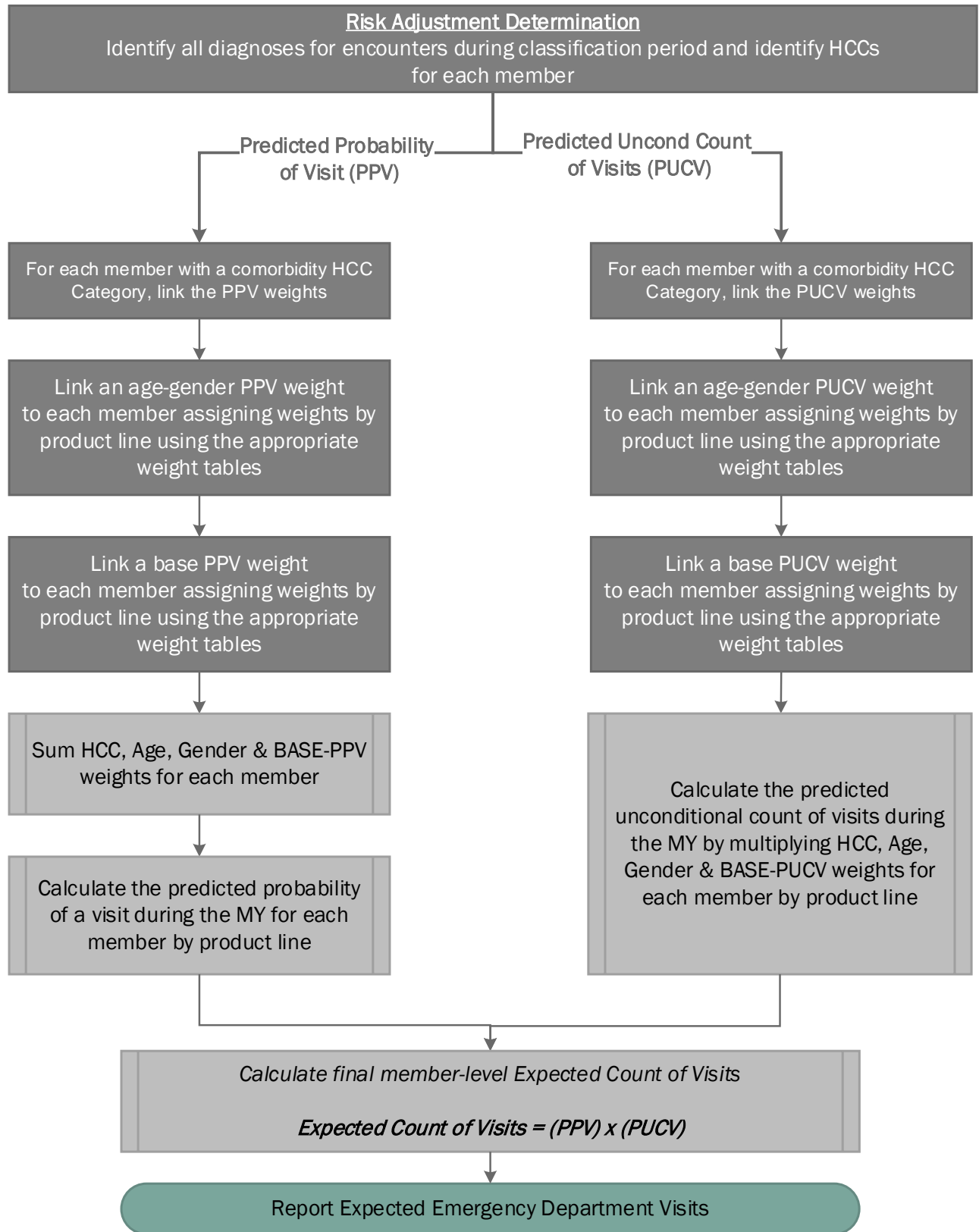


Page	Measure/Guideline	Head/Subtitle	Update		
359	Hospitalization for Potentially Preventable Complications	Risk Adjustment Weighting and Calculation of Expected Events	<p>Replace step 4 in the instructions for assigning the <b>Predicted Unconditional Count of Discharge (PUCD)</b> risk weights with the following text:</p> <table border="1"> <tr> <td><b>Step 4</b></td> <td> <p>Calculate the predicted unconditional count of discharges in the measurement year, by multiplying all PUCD weights (i.e., HCC, age, gender and base weight) associated with the member for each ACSC category (Chronic ACSC, Acute ACSC, Total ACSC) together. Use the following formula:</p> <p><math>PUCD = \text{Base Weight} * \text{Age/gender Weight} * \text{HCC Weight}</math></p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><math>PUCD = \text{Base Weight} * \text{Age/gender Weight} * \text{HCC-2} * \text{HCC-10} * \text{HCC-47}</math></p> </td> </tr> </table>	<b>Step 4</b>	<p>Calculate the predicted unconditional count of discharges in the measurement year, by multiplying all PUCD weights (i.e., HCC, age, gender and base weight) associated with the member for each ACSC category (Chronic ACSC, Acute ACSC, Total ACSC) together. Use the following formula:</p> <p><math>PUCD = \text{Base Weight} * \text{Age/gender Weight} * \text{HCC Weight}</math></p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><math>PUCD = \text{Base Weight} * \text{Age/gender Weight} * \text{HCC-2} * \text{HCC-10} * \text{HCC-47}</math></p>
<b>Step 4</b>	<p>Calculate the predicted unconditional count of discharges in the measurement year, by multiplying all PUCD weights (i.e., HCC, age, gender and base weight) associated with the member for each ACSC category (Chronic ACSC, Acute ACSC, Total ACSC) together. Use the following formula:</p> <p><math>PUCD = \text{Base Weight} * \text{Age/gender Weight} * \text{HCC Weight}</math></p> <p><i>Note: Multiply by each HCC associated with the member. For example, assume a member with HCC-2, HCC-10, HCC-47. The formula would be:</i></p> <p><math>PUCD = \text{Base Weight} * \text{Age/gender Weight} * \text{HCC-2} * \text{HCC-10} * \text{HCC-47}</math></p>				
359	Hospitalization for Potentially Preventable Complications	Risk Adjustment Weighting and Calculation of Expected Events	Remove step 5 in the instructions for assigning the <b>Predicted Unconditional Count of Discharge (PUCD)</b> risk weights.		
360	Hospitalization for Potentially Preventable Complications	Risk Adjustment Weighting Process diagram	Replace the diagram with the diagram in Attachment C.		
376-377	Guidelines for Relative Resource Use Measures	Calculating Total Standard Cost and Frequency: Inpatient Facility—Step 6	Replace all references to "ICD-9-CM" with "ICD-9-CM/ICD-10-CM."		
394	Relative Resource Use for People With Cardiovascular Conditions	Event/diagnosis	<p>Replace the bullet on CABG (including the instructions to identify discharges) with the following text:</p> <ul style="list-style-type: none"> <li>• CABG. Members who had CABG (<u>CABG Value Set</u>) in any setting.</li> </ul>		
448	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Table DMS-1/2/3: Data Elements for Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Replace references to "Each of the 2 rates" in the "Measurement year" and "Data collection methodology (Electronic Clinical Data)" rows with "✓."		
448	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Table DMS-1/2/3: Data Elements for Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	In the "Number of required exclusions" row, replace the language in the Electronic Clinical Data column with, "Rate 1, for each age stratification and total."		
1-10	Appendix 1—Summary Table of Measures, Product Lines and Changes	Relative Resource Use for People With Asthma	Add a check mark (✓) in the "Medicare" Product Line column.		

**Attachment A:**



Attachment B:



**Attachment C:**

